

# DOCUMENT RESUME

ED 195 113

EC 131 346

AUTHOR LaPorta, John A.  
 TITLE Education Through a Treatment Process.  
 PUB DATE Aug 80  
 NOTE 10p.: Paper presented at a Topical Conference of The Council for Exceptional Children (Minneapolis, MN, August, 1980, Section Meeting 31).

EDRS PRICE MF01/PC01 Plus Postage.  
 DESCRIPTORS Elementary Secondary Education: \*Emotional Disturbances: Parent Participation: \*Parent Role: Program Descriptions: \*Psychiatry: \*Special Programs

## ABSTRACT

The paper describes Youthdale School, a psychiatric day treatment facility in Ontario, designed to assist the continued functioning or reintegration of disturbed students (8 to 18 years old) in the community. The program operates on the premise that primary responsibility for the students' education is the parents' rather than a governmental agency's. Program aspects include similarities to and differences from regular school programs: program goals: contracts with parents for child care, school attendance, communication with school personnel, and involvement in the child's academic program; and the educational approach which stresses individual and small group instruction. (CL)

\*\*\*\*\*  
 \* Reproductions supplied by EDRS are the best that can be made \*  
 \* from the original document. \*  
 \*\*\*\*\*

U.S. DEPARTMENT OF HEALTH,  
EDUCATION & WELFARE  
NATIONAL INSTITUTE OF  
EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY.

EDUCATION THROUGH

A

TREATMENT PROCESS

John A. LaPorta, Ph.D.  
Director,  
Youthdale School Programmes,  
Suite 103,  
20 Spadina Road,  
Toronto, Ontario.

"PERMISSION TO REPRODUCE THIS  
MATERIAL HAS BEEN GRANTED BY

*John A. LaPorta*  
*LaPorta*

ED CONFERENCE PAPER

TO THE EDUCATIONAL RESOURCES  
INFORMATION CENTER (ERIC)."

### Introduction:

Youthdale School is a division of Youthdale Treatment Centres Limited. This is a children's Mental Health Centre, established in 1969, that is operated under the Ministry of Community and Social Services. It provides a spectrum of services of varying intensity which all have as their aim the continued functioning or reintegration of the child in their typical community environment. Integration of service and a respectful adversary relationship between services is promoted in an attempt to best meet a child's needs.

Youthdale School is a psychiatric day treatment facility that is sponsored jointly by two Ontario Government Ministries: the Ministry of Education and the Ministry of Community and Social Services. This facility has been designed to treat emotionally and behaviorally disturbed children and adolescents from the ages of eight to eighteen in a unique educational setting. Over the seven years of the School's existence, 45% of the student population have resided in Youthdale's group treatment homes and 55% have lived with their families in the community. This School exists to assist children who are unable to function within a regular classroom learn the necessary social and academic skills to make reintegration into the community school system possible.

### Programme Philosophy:

Our belief is that children with problems should experience treatment in an educational milieu as close as possible to their natural one. To attain this end our physical settings appear very similar to other special classrooms in Toronto. Structurally, there are very few differences. As well, our classes operate within regular community schools which allows out students to maintain social activities and peer relationships within a cultural context that is not foreign. (Incidentally, we feel that this greatly aids our students when attempting to reintegrate into their community school. They do not have to bridge the cultural gap that is often created for children who are placed in isolated special education programs.)

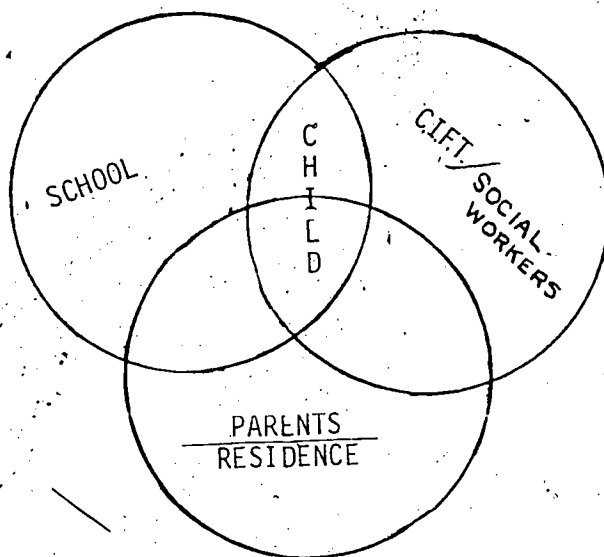
The basic philosophical premise and major difference between our program and traditional special education and treatment programs has to do with our approach vis-a-vis the educational responsibility of the family. In terms of culture (defined as environmental and societal demands and expectations) we provide situations where the responsibility for the education of children is placed primarily with the parents rather than with a specific Board of Education or a governmental agency. At present, this approach is almost diametrically opposed to the current message being given to parents in our North American society.

For the past twenty years or so the trend has been towards seeing the system, or a board of education, as the agents responsible for the education of children. In many of today's schools, the parent is allowed and sometimes openly encouraged to abdicate responsibility for education. The organization of the educational system, in fact, often prevents the parents from remaining involved. New, highly individualized, and specialized programs requiring (so it seems) more and more specialized and segmented professional teaching, and an array of courses, levels, options and lack of standardization, make it nearly impossible for a parent to stay involved with the education of their children. Faced with this complicated and at times unintelligible educational system, they are forced to hand over their role and involvement to professionals. Based on this tenet, i.e. the child is responsible to his parents and the family is responsible for the education of their children, the Youthdale classroom undertakes to create an environment whereby education (academic and behavioral) can take place in such a manner as to provide external criteria by which change (i.e. development) can be measured. All of the students who come to the Youthdale School

have been removed from the regular schools for behavioral reasons. Some have been within special education classes, some in regular grades. The one common element is that their behavior has been of such concern that a psychiatric decision has been made stating that there is nothing the school system can offer to help these students. We assume that the difficulties that are evidenced in school are symptomatic of the problems that exist within the wider context of the family system. Our statement to the parents of such children is "Parents, we recognize that you have a problem. We believe we have a setting that can help you and your child if you are willing to take a large part of the responsibility in treating him/her."

This does not preclude the responsibility of the student for his/her growth. Holding the child accountable for what is expected of him/her is the essence of our treatment philosophy. This is linked to our assumption that only the child can change him/herself, but that we can affect the process of change through clear and constant expectations.

This process is further enhanced by our insistence on the use of an integrated "team." This team



collectively shares in the decision making process, which is aimed at doing what is in the best interest of the student. In order to prevent fragmentation and ensure the utilization of all resources, no part of this team/system shall act independently.

## Programme Description:

### 1. Specifics

Youthdale School operates classrooms in Eastdale, Grace, Osler and Winchester Schools (which are all Toronto Board of Education Public Schools) and one classroom at 20 Spadina Road.

Each class has two Youthdale Teacher-Therapists, one of whom is designated as Head Teacher; and one Board of Education (Hospitals and Institutions Program) teacher. A supervisor is connected with each class and forms the fourth member of the team.

The Board Teacher and the Toronto Board of Education are responsible for supplying individual academic instruction with the understanding that they will liaise with the treatment team. The Youthdale Teacher-Therapists are responsible for further individual and group instruction as well as the treatment component of the program. All decisions are made by the team on a daily basis except when it affects change in a student's programme.

### 11. Similarities to Regular School Programmes

With the exception of the class at 20 Spadina Road, the Youthdale classes are set up just like standard small class settings in a regular school. In view of this, a basic expectation that we have for all of our students is that they will follow the host school rules and regulations, exhibit respect for property and other individuals' rights, and generally pay concern to their deportment.

Our academic year is identical to the school year - and includes all standard school holidays (eg. Spring Break), as well as Professional Development days. Our classes run from 9:00 A.M. to 3:00 P.M. with emphasis on both attendance and punctuality. During this time period, the whole range of regular school activities (including physical education and field trips) and academic subjects (in accordance with the Ministry of Education guidelines, though individually tailored) are presented to each child.

Regular evaluations of students occur and report cards are issued 3 times during the school year: Christmas, Spring break and June. Homework is assigned daily.

### III. Differences from Regular School Programmes

Each class can accommodate up to 9 students, with the exception of the Spadina Programme which has a maximum limit of 6 students. This grouping is supported by the earlier mentioned team of three teaching staff.

The Board of Education Teacher focuses on the student's weakest academic areas and provides leadership in relation to the student's individual program. (These teachers have their own classrooms for remedial individual and group tutoring.) The Youthdale Teacher-Therapists provide leadership in coordinating the treatment process through the academic milieu.

The teaching team is supported by a host of professional consultants: Pediatrician, Educational Consultants, Psychological Consultants, Social Workers, Treatment Consultants and School Supervisors. Input from all of these sources is considered during the strategy and goal-setting process.

All students in our program are responsible for getting themselves to the school locations, with the active support of their parents. However, the Board of Education provides T.T.C. tickets for this purpose - and they are given to the student by the class teachers.

The majority of our students are involved in two consistent non-classroom activities: participation in the Tempus Art Centre (an arts and craft facility) and swimming.

#### Programme Goals:

With the exception of the class at 20 Spadina Road our programs are designed to aid students in developing in both the academic and behavioral spheres so that reintegration into the community school stream can be successfully achieved. Reintegration of the student is aimed, as closely as possible, to the child's peer level.

Our approach has a dual focus:

1. to focus on the child's emotional needs
2. to focus on the child's academic needs

We have found that these two aspects are so interrelated that each is used to help promote growth in the other.

In order for this to occur we find it most important to:

1. Establish and maintain rapport and open, constant communication with all those individuals concerned with the progress of a student.
2. To utilize the input and knowledge of all those concerned to enhance the development of strategies and the decision making process.

The program at 20 Spadina Road has the above as one of its possible goals for every student. However, in this class, the status and capabilities of each child are assessed on an on-going basis and a number of goal options are considered.

#### Contract and Treatment Approach:

To engage in the overall attempt to meet our programme goals, two critical things occur:

- A. Parents are given a contract, comprised of four major areas, 1) child care, 2) school attendance, 3) communication with school personnel, and 4) involvement in the child's academic program. If at any time problems in regard to this contract arise, the school notifies the parents and the parents are encouraged to receive professional help from the family therapist connected to the program to help with the dysfunction within the system.

It is at this point that the family therapy component becomes involved, specifically with the treatment issue. The advantages for therapy in this situation, as opposed to one where a regular school board sends the family for counselling, centres around the involvement that the family has had with the school itself. From the beginning it has been understood that the responsibility lies with the parents, so in effect a breach of contract is not seen as a failure of the school to provide a needed requirement, but rather as a failure in the family system to meet a specific need. Also, because of the contract, a practical, verifiable, concrete problem evidenced at the time of therapy, is one which includes both the child and the parent. It is not a problem that rests with just one or the other. This involvement serves at least two major functions, 1) drastically shortens the length of time involved for therapy,



and 2) enables the system to increase successes geometrically by feeding upon previous successes.

- B. The classroom treatment team, supported by a program supervisor, clinical consultant, and social worker devises strategies and goals aimed at helping the student to exhibit more appropriate behaviors, acquire better social skills, and develop a wide repertoire of coping abilities.

The typical process of intervention in the classroom would be to

- a. assess the type of support the child needs in order to correct the detected maladjustment
- b. determine how that support should and can be offered
- c. be clear before offering that support how it is going to be withdrawn
- d. offer the support.

The attitude that is taken at Youthdale School is that these aspects can act as diagnostic tools concerning the quality of the relationship between the parent and child. When the family is able to meet all four areas of expectation there is no need for further therapeutic intervention. When the family is not able to meet these four expectancies, then there is a clear measurable indication that there is something wrong beyond the relationship with the school and that further therapeutic intervention is required. This may take the form of family therapy, individual therapy for the parent or child or both, or a residential placement for the child away from the family. The latter would only be recommended as a last resort where it became clear that the child was too disturbed to be helped by any other means. In essence, what occurs in this event is that the parental model changes. The child is placed with a surrogate parent who takes on the responsibility of meeting familial expectations.

#### Educational Approach:

A thorough evaluation of each student is undertaken utilizing information from medical, educational, psychological, and informal diagnostic classroom assessment. This data is discussed and processed at a formal strategy meeting

which the entire treatment team, minus the child, attends. Specific problem areas, needs, and strengths are specifically focused upon and analyzed with the resultant development of plans and strategies to deal with these areas. Short term academic goals are established, appropriate educational materials are chosen, and lesson plans are constructed for each individual child.

Each student receives a minimum of forty minutes of one-to-one instruction in core subjects (reading, arithmetic, and language skills) in a tutorial room with a Board of Education teacher. This is complemented by further individual instruction and small group interaction in the larger classroom. Every student receives daily homework, which is an outgrowth of whatever they have been doing that day.

Regular periodic (every 8 weeks) reviews of the child's progress occur at a meeting of the student, parents, and treatment team. His/her status in all academic areas is explored, problem areas are discussed, and short term goals are set for the next meeting.

#### Conclusion:

Our ongoing research data indicates a correlation between the successful meeting of our program goal (re-integration into the child's community school) and the parents' ability to take an active role as encouraged by this system.

Essentially, we combat the feelings which the educational system engenders by removing the responsibility for a child's education from his/her parents. We involve the family in both the treatment and education of their child by making them an integral member of the treatment team.